



Quality of Care and Outcomes Assessment

IMPROVED OUTCOMES WITH CARDIOLOGIST FOLLOW-UP AFTER EMERGENCY DEPARTMENT ASSESSMENT OF CHEST PAIN PATIENTS WITHOUT ESTABLISHED CARDIOVASCULAR DISEASE

Oral Contributions

West, Room 3006

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Session Title: Advancing the Cutting Edge of Cardiovascular Care: Recent Accomplishments and Future Goals

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Background: Our objective was to assess the impact of physician follow-up on clinical outcomes after discharge from the emergency department (ED) in chest pain patients without established cardiovascular disease.

Methods: We performed an observational study in Ontario, Canada using population-based databases to identify consecutive chest pain patients that were seen and discharged from the ED between 2004 and 2010. Patients who were ≥ 50 years old without established cardiovascular disease were included. Adjusted outcomes using proportional hazard models, were compared based on follow-up by a cardiologist, primary care physician (PCP) or no follow-up, assigned within 30 days of the ED visit. The primary outcome was death or myocardial infarction (MI) at one-year.

Results: We included 216,527 patients, of which, 11% had cardiologist, 60% had PCP and 29% had no-physician follow-up. The mean age was 64.2 ± 10.4 and 42% were male. The cardiology cohort had the highest rates of medication utilization, diagnostic testing and coronary revascularization. The rate of death or MI at one-year was 1.6% in the cardiology, 2.3% in the PCP and 2.1% in the no-physician group ($p < 0.001$). The adjusted hazard ratio for death or MI was 0.79 (95% CI 0.71-0.88; $p < 0.001$) in the cardiology group and 1.06 (95% CI 0.99-1.14; $p = 0.122$) in the PCP group, as compared to the no-physician group.

Conclusion: Cardiologist follow-up after ED visit with chest pain was associated with a substantial reduction in death and MI at one-year.

